

**EVANSTON TOWNSHIP HIGH SCHOOL**

**Permission for Emergency Treatment Form**

To be completed by parent or guardian:

On rare occasions, an emergency requiring hospitalization and/or treatment develops. Since minors may not be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that a parent or guardian sign the following statement. Every effort will be made to contact the parent or guardian before any major treatment. This form would allow the chaperone to prevent a dangerous delay in case an emergency does occur and we are unable to contact a parent.

Please type or print clearly:

X In the event of injury or illness to our son/daughter/ward \_\_\_\_\_  
(student's name), born \_\_\_\_\_ (date), we hereby authorize the representative of Evanston Township High School, their officers and/or agents, to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery.

^ \_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Medical Plan Information**

X Please also complete the following medical insurance information:

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Group Number \_\_\_\_\_

The above-noted medical plan is subscribed in the name of: \_\_\_\_\_

Medical personnel/trip chaperones should be aware of the following medical conditions of my child: